

## REMARKS

In response to the office action mailed May 30, 2007, Applicant amended claims 11, 19-23, and 29, cancelled claims 1-10, 14, 25, 28, 31, and 32, and added new claims 33 and 34. Claim 15 was previously cancelled. Thus, claims 11-13, 16-24, 26, 27, 29, 30, 33, and 34 are presented for examination.

Claims 1, 3, and 10 were rejected under 35 U.S.C. § 112, second paragraph, as being indefinite. Applicant cancelled these claims, and therefore requests that this rejection be withdrawn.

Claims 28 and 29 were objected to due to informalities. Applicant cancelled claim 28 and amended claim 29. Therefore, Applicant requests reconsideration and withdrawal of this objection.

Claims 1-3, 7-14, 22-24, and 29-32 were rejected under 35 U.S.C. § 102(b) as being anticipated by Ravenscroft, US 5,702,418 ("Ravenscroft"). But Ravenscroft does not disclose a stent delivery system that includes a grip member having a hub region and a body region tapered from a first end to a second end, where the hub region is adjacent to the first end of the body region, and where, during use, a stent abuts the hub region, as required by claims 11-13, 22, and 29. Similarly, Ravenscroft fails to disclose a method that includes providing a grip having a hub region and a body region tapered from a first end to a second end, where the hub region is adjacent to the first end of the body region, and retracting an outer sheath relative to a catheter shaft, where a stent abuts the hub region of the grip when the outer sheath is retracted, as required by claims 23, 24, and 30. As noted above, claims 1-3, 7-10, 14, 31, and 32 were cancelled.

Referring to Ravenscroft's Fig. 4, which is reproduced below, Ravenscroft discloses a stent delivery system that includes a distal tip 13 secured to a core 14. See, e.g., Ravenscroft, col. 5, lines 1-3. The Examiner contended that Ravenscroft's distal tip 13 corresponds to Applicants' claimed hub region and that the thin portion 17 of Ravenscroft's core 14 corresponds to Applicants' claimed body region. But, even assuming the Examiner's contentions are correct, which Applicants do not concede, the thin portion 17 of Ravenscroft's core 14 is not tapered.

Rather, the thin portion 17 of Ravenscroft's core 14 is illustrated as having a constant or unchanging diameter along its length. See, e.g., id., Figs. 1, 4, and 5.

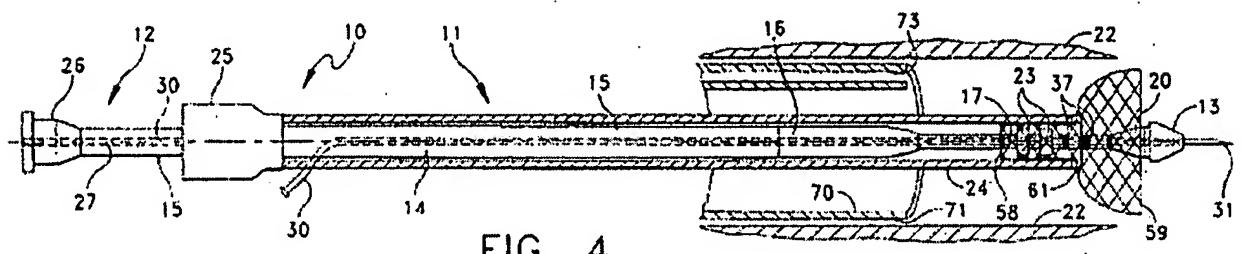


FIG. 4

Moreover, while Ravenscroft's distal tip 13 includes a tapered proximal portion and an enlarged distal portion, his stent 20 is not described as abutting the enlarged distal portion of his distal tip 13 during use (or as outer sheath 24 is retracted). Rather, Ravenscroft illustrates his outer sheath 24 as abutting the enlarged distal portion of his distal tip 13 in an initial configuration and illustrates his stent 20 as being located proximal to the enlarged distal portion of his distal tip 13. See, e.g., id., Fig. 1. As shown in Fig. 4, when the outer sheath 24 is retracted to deploy the stent 20, the stent 20 remains proximal to the enlarged distal portion of the distal tip 13. See, e.g., id., col. 6, lines 21-40; Fig. 1. Thus, even if Ravenscroft's distal tip 13 were considered to include a hub region (e.g., the enlarged distal portion of the distal tip 13) and a tapered body region (e.g., the tapered proximal portion of the distal tip 13), which Applicants do not concede would be a fair characterization of Ravenscroft's system, his stent would not abut the hub region during use (or as the outer sheath is retracted).

The Examiner contended in the office action that Applicants' claim language "wherein, during use, the stent abuts the hub region" only requires that the hub region be "capable of abutting a stent if one desires to place the stent in this configuration" (emphasis added). But the explicit text of Applicants' claims recites that the stent abuts the hub region during use (or when the outer sheath is retracted). As noted above, Ravenscroft does not disclose such an arrangement. Moreover, there is not even any indication in Ravenscroft that one would desire to place Ravenscroft's stent in abutment with the enlarged distal portion of his distal tip 13. Rather, as noted above, the enlarged distal portion of Ravenscroft's distal tip 13 provides an abutting

surface for his outer sheath 24. There is no indication that it would be physically possible to place both Ravenscroft's distal tip 13 and his outer sheath 24 in abutment with the enlarged distal portion of his distal tip 13, let alone desirable.

In view of the foregoing discussion, Applicants request reconsideration and withdrawal of the rejection of claims 1-3, 7-14, 22-24, and 29-32 as being anticipated by Ravenscroft.

Claims 1-3, 6-10, 25, and 28 were rejected under 35 U.S.C. § 102(e) as being anticipated by Cox et al., US 2003/0212451 ("Cox"), and claims 4 and 5 were rejected under 35 U.S.C. § 103(a) as being unpatentable over Cox. These claims were cancelled. Therefore, Applicants request that these rejections be withdrawn.

Claims 16-18, 21, 26, and 27 were rejected under 35 U.S.C. § 103(a) as being unpatentable over Ravenscroft in view of Gunderson, US 2004/0204749 ("Gunderson"). However, Gunderson only qualifies as prior art to the current application (U.S.S.N. 10/611,551) under 35 U.S.C. § 102(c), and the current application and Gunderson were, at the time the claimed invention was made, commonly owned by or subject to an obligation of assignment to SCIMED LIFE SYSTEMS, INC. As a result, this rejection is improper. See MPEP 706.02(l); 35 U.S.C. § 103(c). The Examiner noted in the office action that "the invention disclosed in the applied reference [Gunderson] was not derived from the inventor of this application and is thus 'by another', which constitutes prior art under 35 U.S.C. 102(e)." But, as noted above, even if Gunderson qualifies as prior art under 35 U.S.C. § 102(c), 35 U.S.C. § 103(c) provides that it is improper for such a reference to be used as part of an obviousness rejection under 35 U.S.C. § 103(a). Therefore, Applicant again requests reconsideration and withdrawal of the rejection of these claims.

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Respectfully submitted,

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